

Mental Health Supports for Students as They Return for In-Person Learning

While the dual physical health and financial crises brought upon by the COVID-19 pandemic have been well documented, it is clear that the pandemic has also exacerbated a mental health crisis that existed well before COVID-19. This is especially true for children and young people, many of whom have been out of the classroom and struggled to adapt to an online learning process necessary to keep County residents safe. Though research on the pandemic’s effects on mental health are ongoing, multiple studies have shown a surge in anxiety and depression among children and adolescents since the pandemic began. And as case rates in the County have dropped low enough to allow Pre-K through 12th grade students to return to the classroom, it is imperative that they be provided with the necessary interventions to address adverse mental health effects brought upon by the pandemic.

Prior to COVID-19, as many as one in five children had a diagnosed mental health disorder. However, the pandemic intensified existing mental and behavioral health challenges, resulting in an increase of emergency department visits by children under the

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age of 18 for mental health reasons. In fact, a study published by the Centers for Disease Control and Prevention (CDC) in November of 2020 found that compared to the prior year, emergency department mental health-related visits for children aged 5 – 11 increased by 24%, while visits for children aged 12 – 17 years old increased by 31%. The CDC partly attributed this increase to the fact that many children receive mental health services through clinical and community agencies, such as schools. With schools necessarily closed for in-person instruction, children were without the means to access the appropriate mental health resources needed to respond to this unprecedented adverse childhood experience (ACE).

As mental health experts note, as children accumulate more ACEs or experience further trauma, they can result in long-lasting effects if not addressed in an effective and timely manner. This not only includes mental health conditions such as depression or anxiety but could also result in physical manifestations such as cardiovascular disease. However, ACEs can be prevented with appropriate and timely intervention, and as children begin returning to schools for in-person instruction, it is critical that the necessary resources and supports are in place to not only meet any immediate needs that occur, but to proactively address the expected detrimental effects brought upon by a year defined by trauma, loss, anxiety, and uncertainty.

I, THEREFORE, MOVE that the Board of Supervisors instruct the Department of Mental Health (DMH) to:

1. Develop a comprehensive plan, in collaboration with the Los Angeles County Office of Education (LACOE) to address the mental health needs of students as

they transition back into the classroom for in-person instruction.

2. Work in partnership with LACOE and through consultation with the UCLA Public Partnership for Wellbeing to develop a mental health resource toolkit to support the school ecosystem by providing trauma responsive training and resources on the identification and warning signs of depression and anxiety in their children.
3. Develop a triage and referral process to assist schools with linking students to on-site and tele-mental health supports and services that are readily available for students to access.
4. Develop promotional materials and peer-to-peer opportunities to students, including programs such as the Community Ambassador Network and raise their awareness of mental health and the resources available at their disposal by outreaching and engaging culturally and linguistically diverse student populations.
5. Providing access to training and education to teachers and school faculty to help them identify early warning signs that a child may be in need of mental health assistance.
6. Explore feasibility for the Department to hire further mental health professionals specializing in student's care to provide additional reports to schools, including identifying available funding sources.
7. Work in partnership with the CEO's office to identify federal funding to expand mental health support on school campuses.
8. Report back to the Board of Supervisors within 14 days with a written report detailing the plans and partnerships established to support students in the coming year as they return to in-person learning.

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